Implementing a framework to achieve school-based health equity

Leo Lopez III, MD, MHS; @LeoLopez3MD
Valerie Maldonado, MSN, RN;
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CME and CE Information

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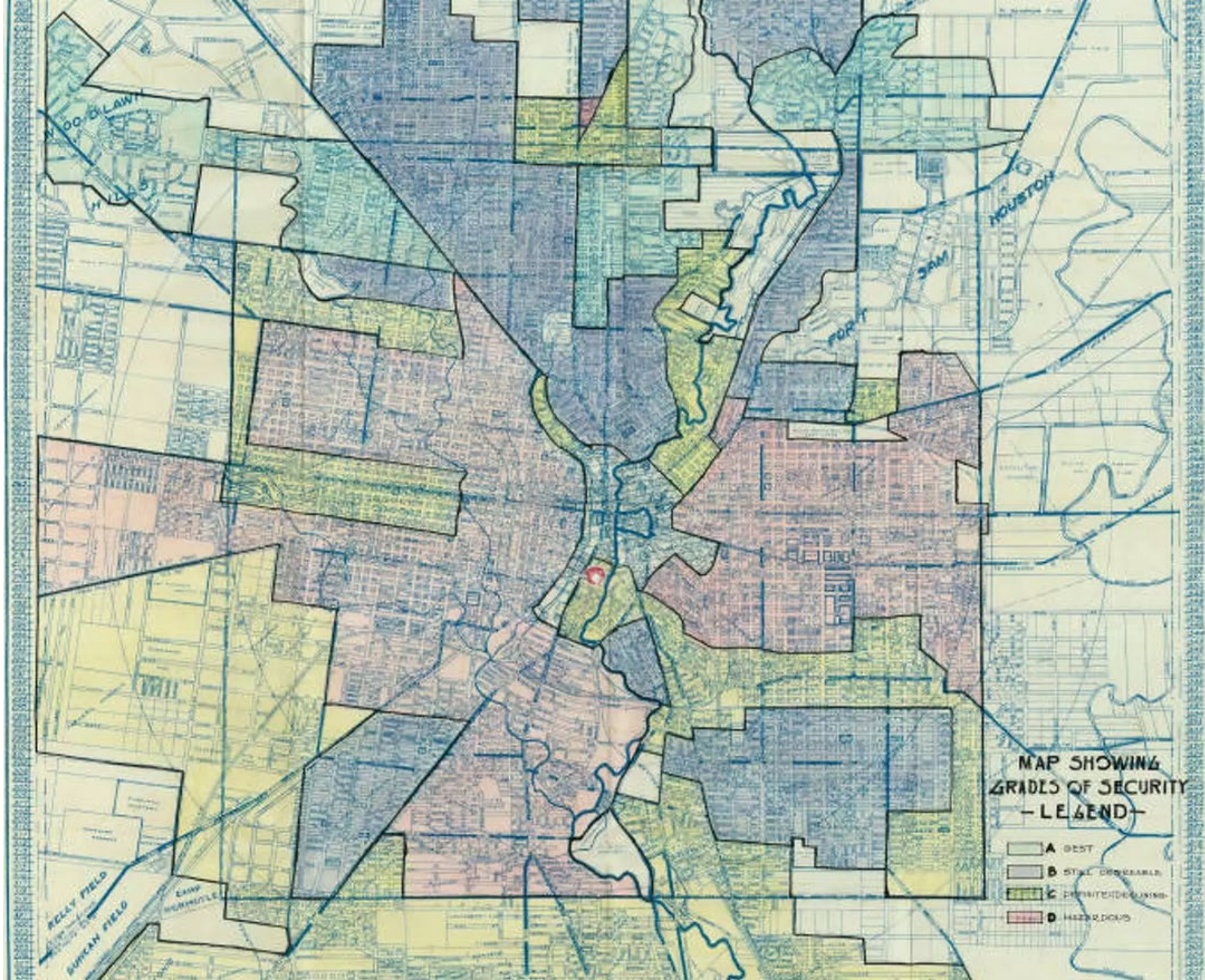
Through Joint Accreditation, credits are also available under the following bodies:
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- Commission on Dietetic Registration (CDR)

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INTERPROFESSIONAL CONTINUING EDUCATION

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MAP SHOWING
GRADES OF SECURITY
—LEGEND—

A BEST
B STILL DESIRABLE
C DEFINITELY DECLINING
D HAZARDOUS

"There are many economic drawbacks in San Antonio's large Mexican population; As a class, they are non-productive, socially inferior, and in times of stress, a burden upon the community"

-Redlining-era outlook report excerpt, San Antonio, Texas

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"No lot, site, or dwelling, with the exception of bona fide domestic servant's quarters shall be used or occupied by any person, or persons, other than members of the Caucasian or White Race"

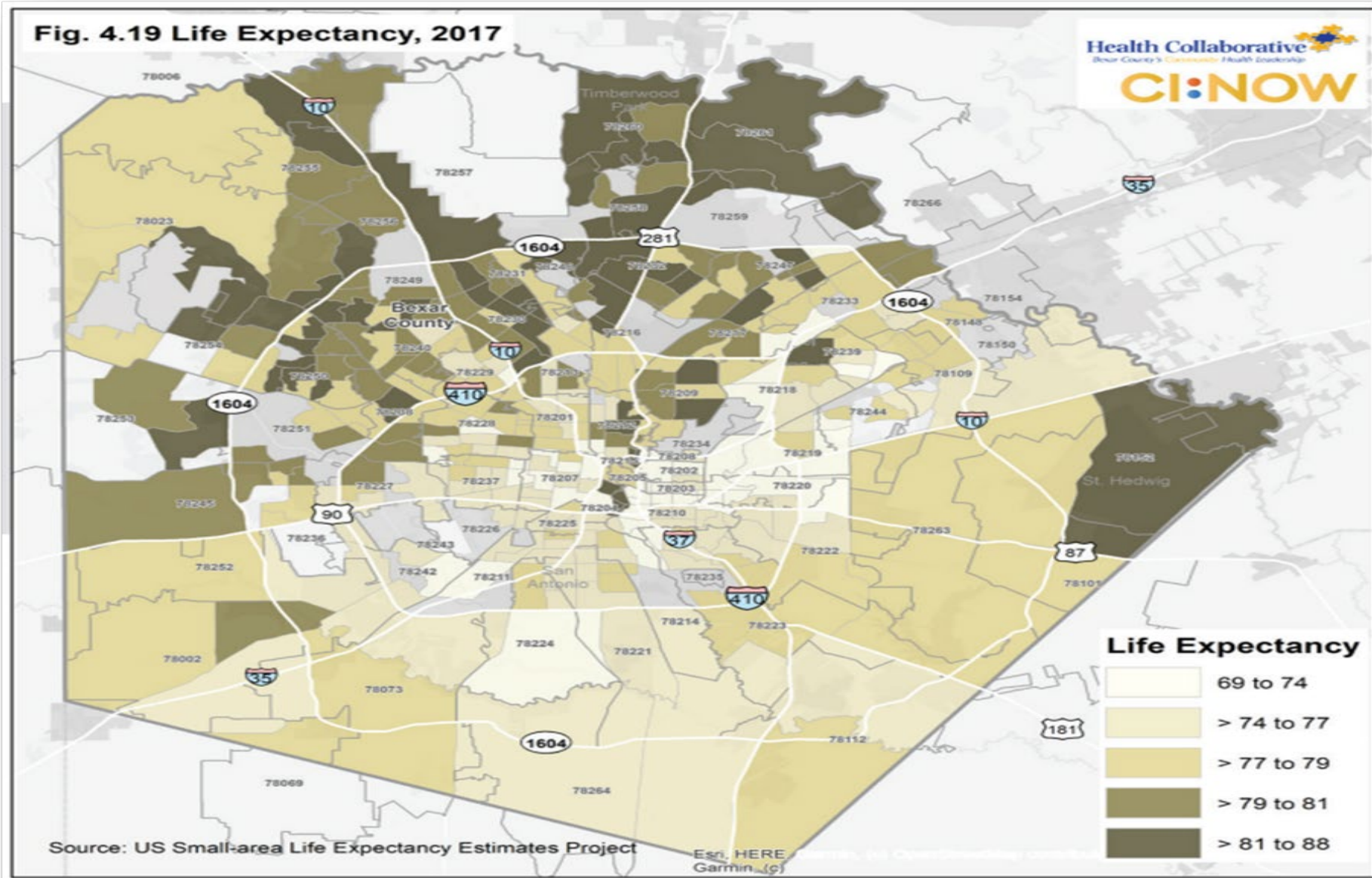-San Antonio, Texas Property Deed, October 1948

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Adults 18-64 Living In Poverty by Zip Code
Figure 2.15 Percent adults 18-64 below 100% poverty level
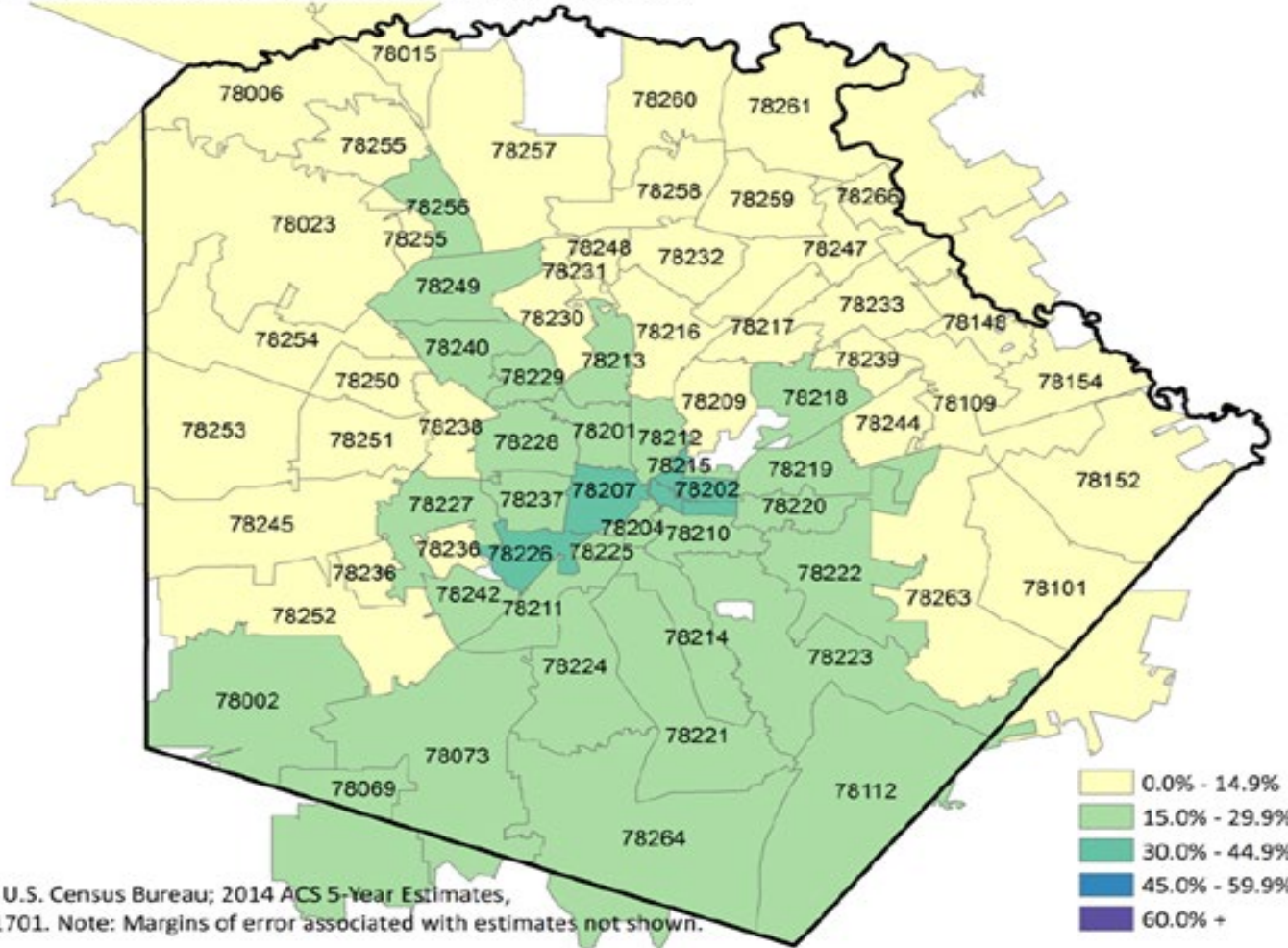
Source: U.S. Census Bureau; 2014 ACS 5-Year Estimates, Table S1701. Note: Margins of error associated with estimates not shown.

Legend:
- 0.0% - 14.9%
- 15.0% - 29.9%
- 30.0% - 44.9%
- 45.0% - 59.9%
- 60.0% +

Fig. 4.19 Life Expectancy, 2017

Source: US Small-area Life Expectancy Estimates Project

Health equity –
"Attaining the highest level of health for all people"

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Objectives

Attendees will -

- Discuss health equity measurement

- Compare their current health equity measurement practice to the presented framework

- Formulate potential applications of the health equity measurement framework to serve their population

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School-based Health Program Background

- 2013-1st clinic
- 5 clinics, 4 School Districts
- In 2023, >20,000 pts seen
- SVI 0.9997
- Primary Care/Medical Home
- Innovation
  - Public Health Corps
  - TytoCare
  - Community Education
- Staff:
  - Clinician
  - LVN/MA
  - Registration Access Specialist
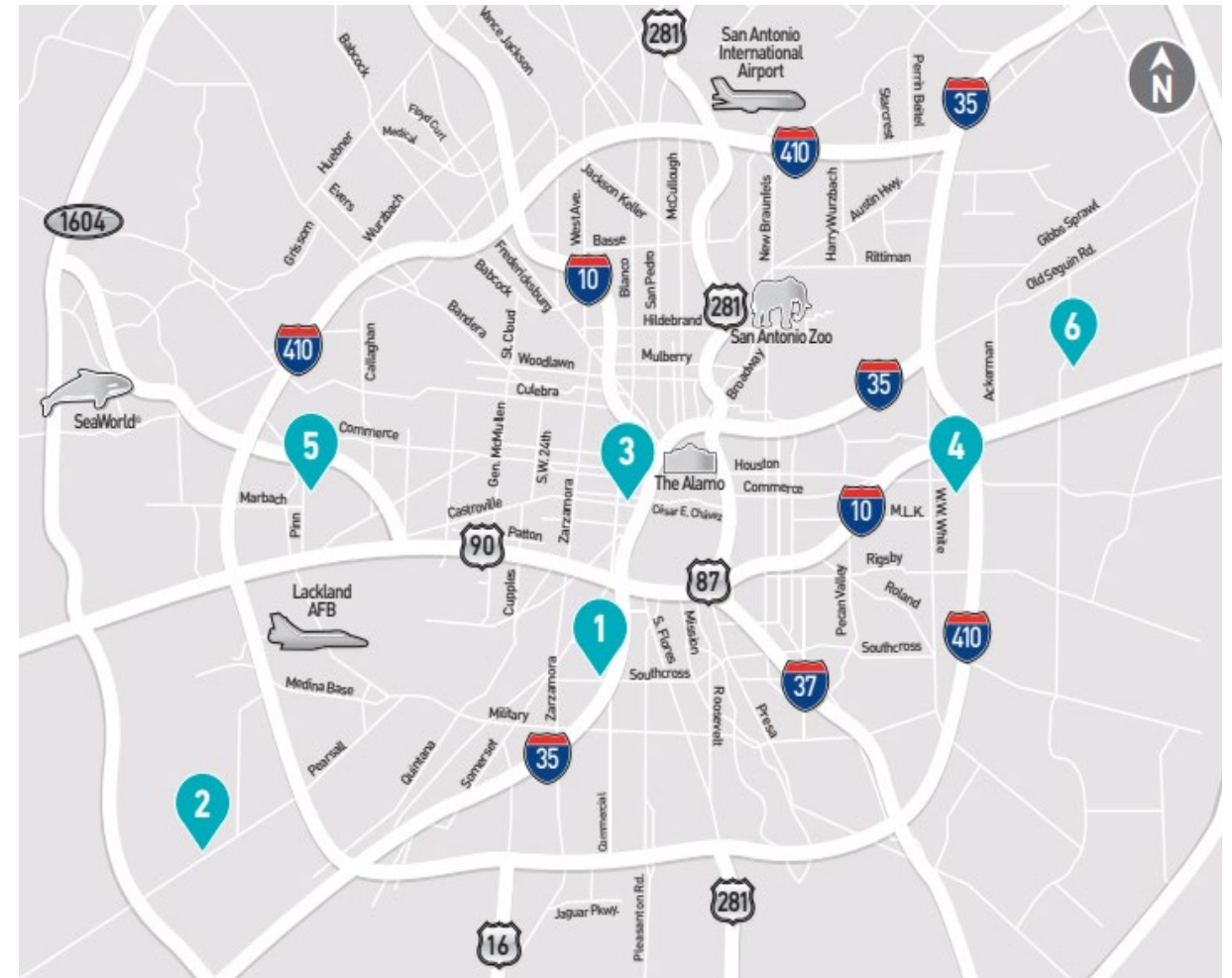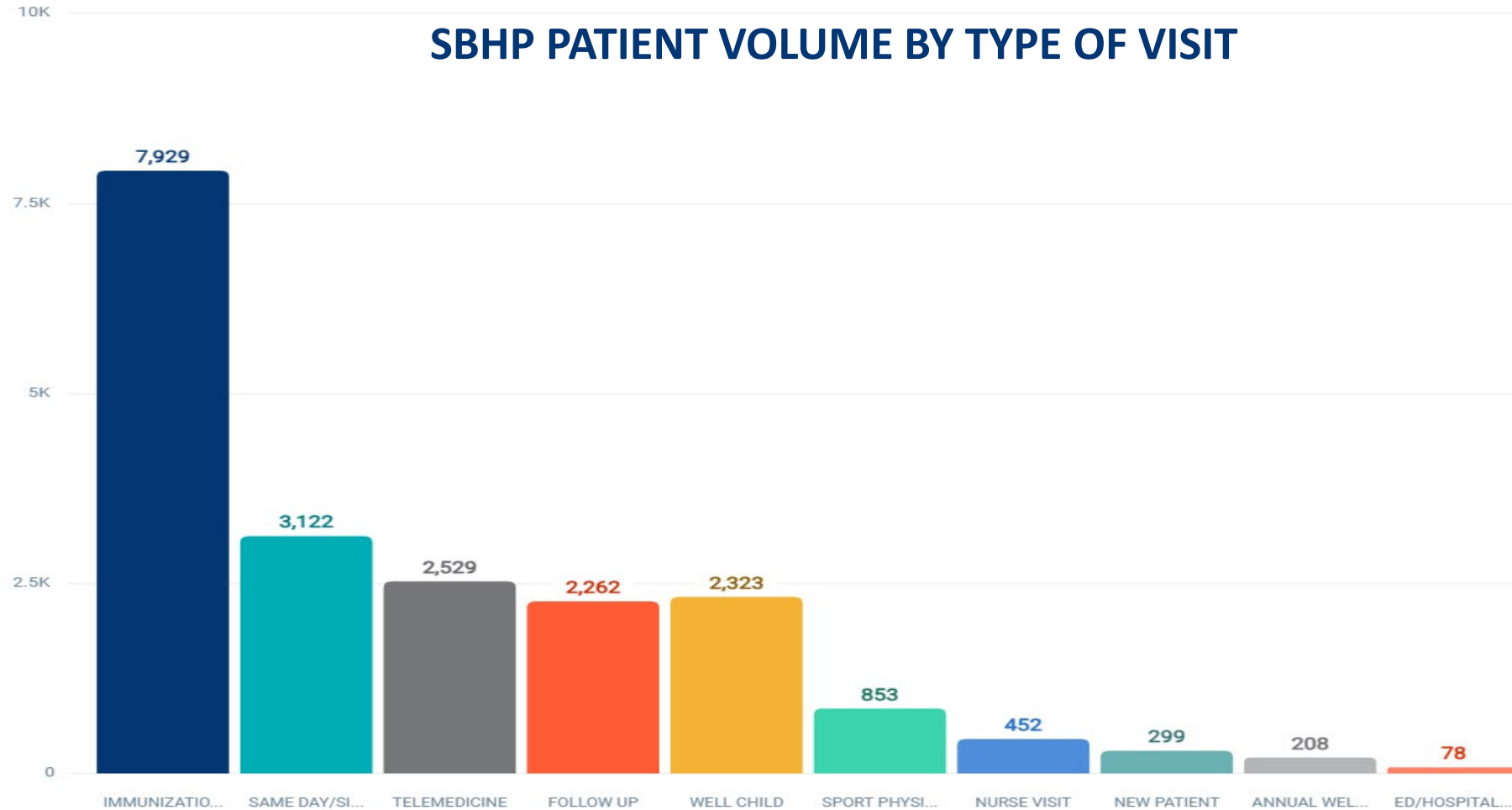
School-Based Health Program Background

- 2015-Primary Care Mobile-Established
- Primary Care
- Vaccinations
- Pathway to the School-based Health Program
- Staff
  - MD/NP/PA (Clinician)
  - LVN/MA
  - Registration Access Specialist
  - Community Outreach Specialist
  - Community Outreach Manager
  - Nurse Supervisor

School-Based Health Program Background

PATIENT VOLUME

■ Total Patients ■ Total Vaccinations ■ Flu Vaccines Only ■ Provider Visits

2023
5770
5601
2391
169

2022
4666
4083
2148
583

2021
6710
6298
3300
412
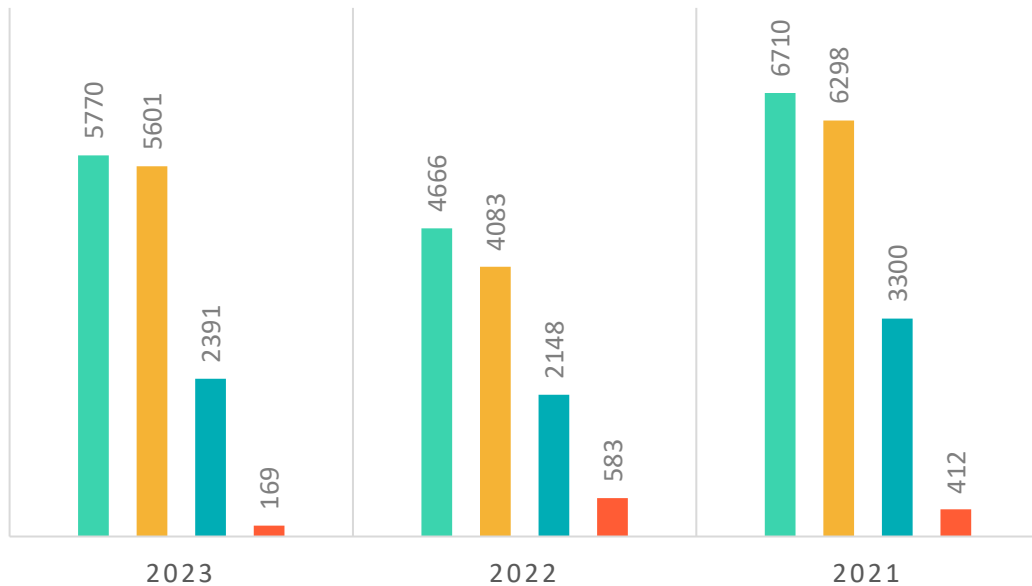
MOBILE EVENTS

■ Schools ■ Community

100%

31%

69%

0%
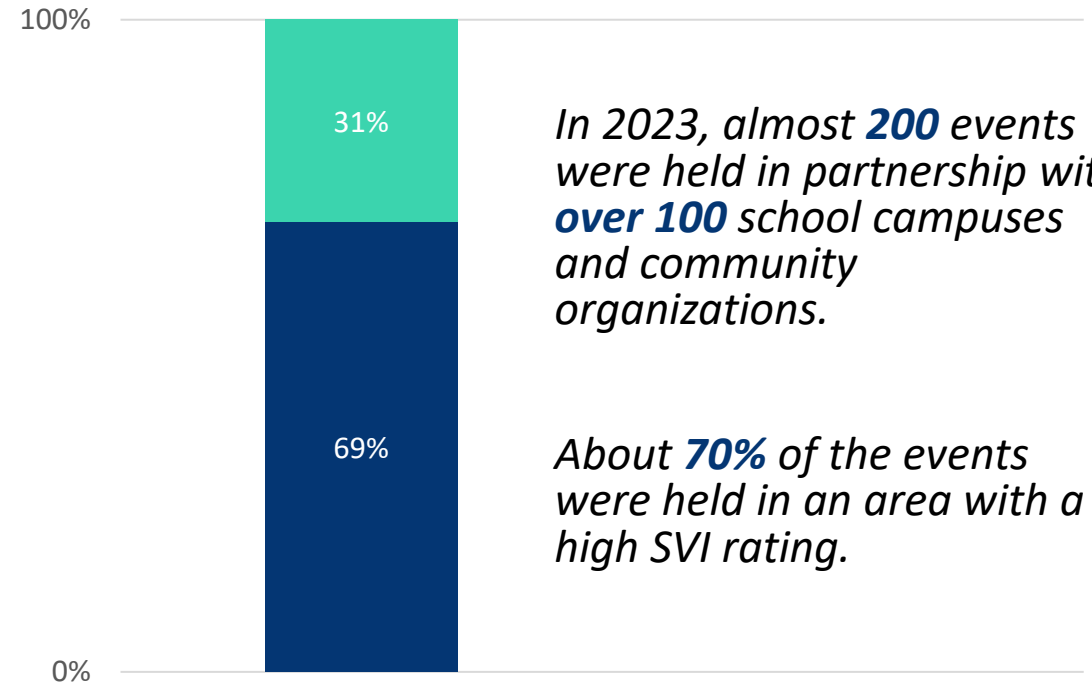
In 2023, almost **200** events were held in partnership with **over 100** school campuses and community organizations.

About **70%** of the events were held in an area with a high SVI rating.

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Example Logic Model

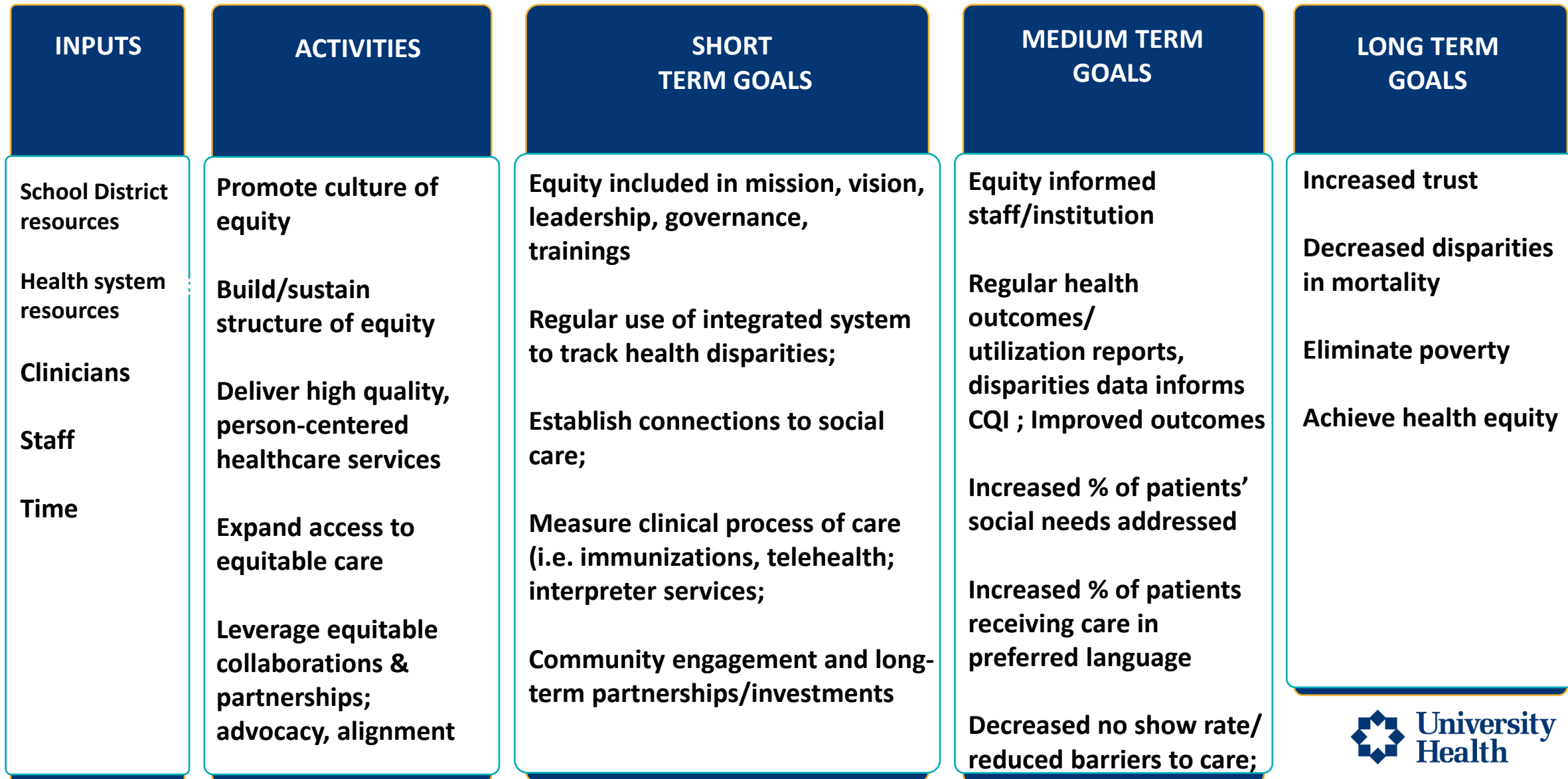| INPUTS	ACTIVITIES	SHORT TERM GOALS	MEDIUM TERM GOALS	LONG TERM GOALS
School District resources Health system resources Clinicians Staff Time	Promote culture of equity Build/sustain structure of equity Deliver high quality, person-centered healthcare services Expand access to equitable care Leverage equitable collaborations & partnerships; advocacy, alignment	Equity included in mission, vision, leadership, governance, trainings Regular use of integrated system to track health disparities; Establish connections to social care; Measure clinical process of care (i.e. immunizations, telehealth; interpreter services; Community engagement and long-term partnerships/investments	Equity informed staff/institution Regular health outcomes/ utilization reports, disparities data informs CQI ; Improved outcomes Increased % of patients' social needs addressed Increased % of patients receiving care in preferred language Decreased no show rate/ reduced barriers to care;	Increased trust Decreased disparities in mortality Eliminate poverty Achieve health equity

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Health Equity Measurement Framework

	CULTURE OF EQUITY	STRUCTURE FOR EQUITY	QUALITY OF HEALTHCARE	EQUITABLE ACCESS	COLLABORATIONS AND PARTNERSHIPS
Subdomains	**Equity is a high priority**	**Population health management; CHNA**	**CQI by social risks, SVI; Interventions to reduce disparities**	**Availability; Accessibility; Convenience**	**Collaboration across health-community sectors**
Examples	Equity included in Mission, vision, leadership, governance, trainings	Integrated system to track health disparities; Addressing SDOH; Connections to social care;	Patient outcomes, clinical process of care measures (i.e. immunizations, telehealth	Interpreter services; Distance from residence/public transportation; Geographic, "after hours"/ weekends	Community engagement and long-term partnerships and investments

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Structure and High Quality Care

- Structure
  - Use of integrated system to track health disparities
  - Capacity to addressing SDOH
  - Connect to social care;

- High quality care
  - Continuous quality improvement
    - Stratify clinical process of care measures, patient outcomes by REAL, zip code, SVI

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Intimate Partner Violence

Within the last year, have you been afraid of your partner or ex-partner?

Yes	No	Patient refused

Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?

Yes	No	Patient refused

Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?

Yes	No	Patient refused

Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

Yes	No	Patient refused

Stress

Do you feel stress - tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time - these days?

Not at all	Only a little	To some extent	Rather much	Very much	Patient refused

Adolescent Socialization

How often do you get together with friends or relatives?

Never	1 time per week	2 times per week	3 times per week	More than 3 ti...	Patient refused

Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?

Yes	No	Patient refused	Did not ask

How often do you attend meetings for the clubs or organizations you belong to?

Never	1 to 4 times per year	More than 4 times per year	Patient refused

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Use this tool to find community resources like food, housing and mental health services close to home.

ZIP   78229   🔍 Search

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Thinking beyond

If you or someone you know is in crisis, call or text 988 to reach the Suicide and Crisis Lifeline, chat with them online via their website, or text HOME to 741741 (multiple languages available). If this is an emergency, call 911.

For information on University Health's medical assistance program for eligible Bexar County residents, visit UniversityHealthSystem.com/Carelink

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ZIP or keyword or program name

Use this tool to find community resources like food, housing and mental health services close to home.

Select Language

English

FOOD · **HOUSING** · **GOODS** · **TRANSIT** · **HEALTH** · **MONEY** · **CARE** · **EDUCATION** · **WORK** · **LEGAL**

↑

2,798 programs

in the san antonio, tx 78207 area
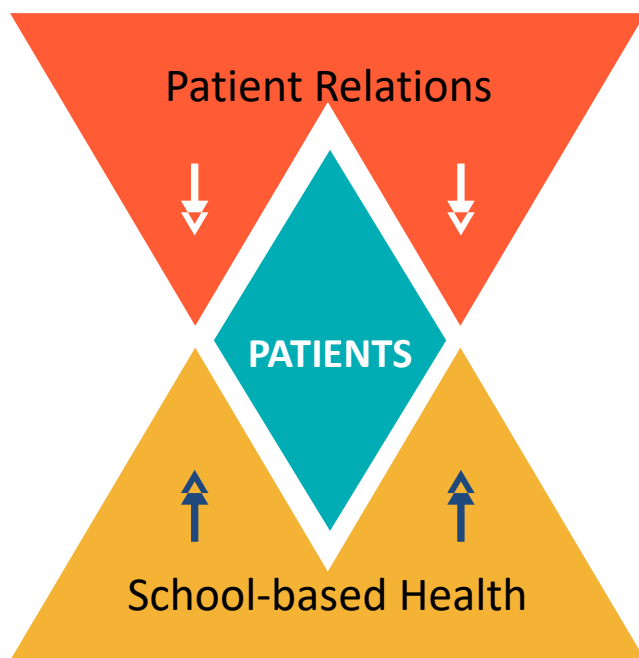
Choose from the categories above and browse local programs

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Patients by Social Vulnerability Index

Equitable Access

Patient Relations

PATIENTS

School-based Health
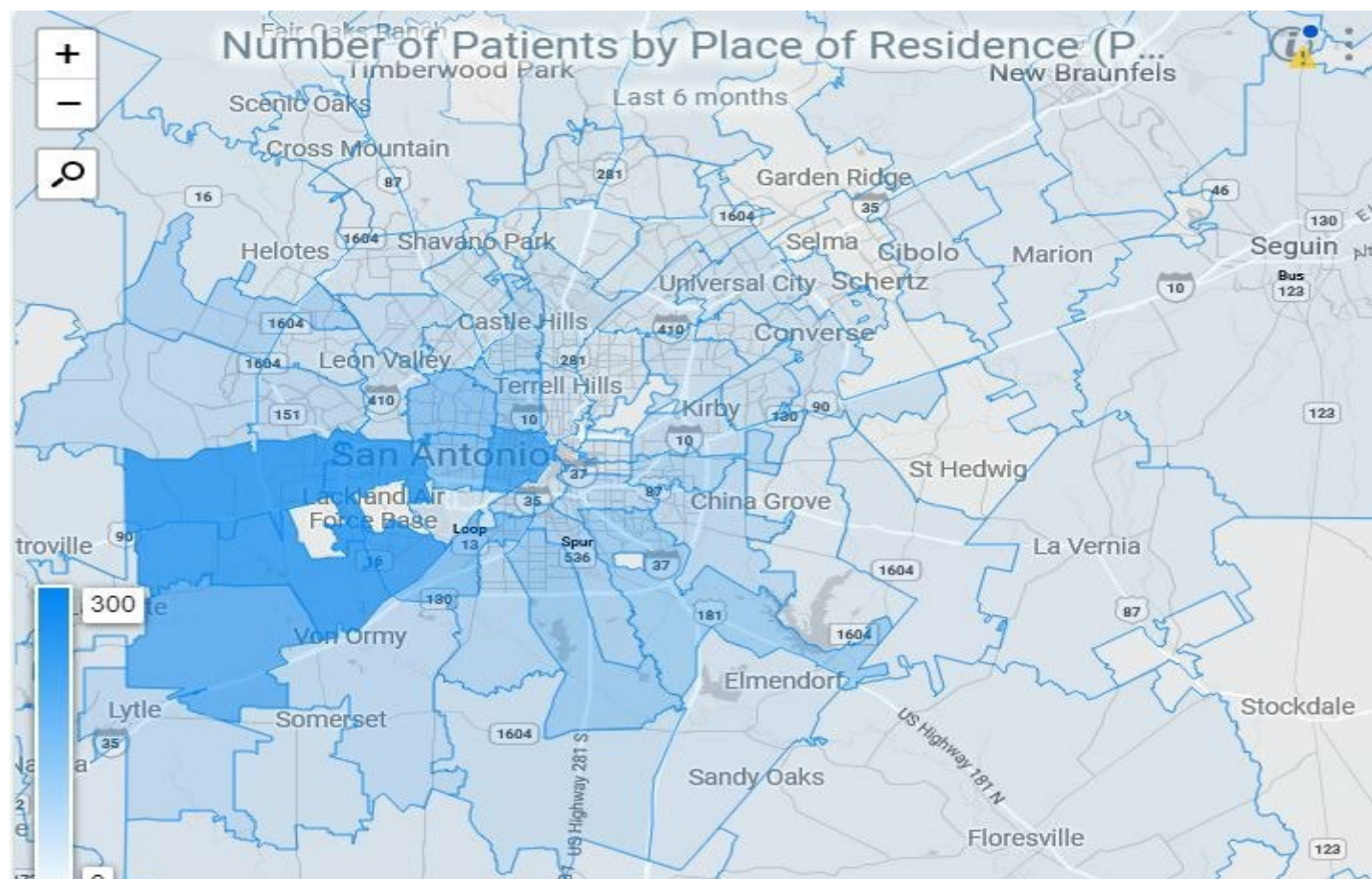
We measure this though capturing the percentage of patients who receive care in their preferred language.

On Demand Language Assistance Program

In-person translation services

Virtual remote interpreting

Phone translation services

Document translation services

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Collaborations and partnerships

External partnerships & collaboration

School-based health clinics (SBHCs)

- Primary care & Health Priorities
- Access for students/staff/community
- Underserved areas
- Medical Consultant
- School Nurse Education

University Health School-Based and Mobile Health Program

Primary Care Mobile

- Bridge to SBHCs
- Care for patients in their own community
- Partnership with local university

On-demand Telemedicine

- Increase accessibility to healthcare services
- Shared goal with school district & parents
- Partnered with 2 local school districts

Internal partnerships & collaboration

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Collaboration and partnerships

COMMUNITY OUTREACH

- **Constant and consistent connection with stakeholders**

- **Build trust and establish relationships**

- **Work together to hold successful events from beginning to end**

- **Ensure we are meeting needs of community our partners serve**

REQUEST AN APPOINTMENT

For more information about healthyUexpress, call 210-358-7020.

Schedule a Mobile Primary Care Appointment

Schedule a Pop-up School-based Appointment

Schedule a Mobile Mammography Appointment

healthyUexpress

University Health is bringing health care to you with its fleet of healthyUexpress mobile clinics. The mobile mammography team provides digital mammograms to thousands of Bexar County women where they work, shop and study, offering a convenient alternative to traveling to an appointment. In addition, the healthyUexpress fleet brings primary care to families in their own neighborhoods. University Health makes staying healthy easier than ever with healthyUexpress.

HealthyUexpress also partners with areas schools to provide "pop-up" health services onsite for back-to-school and other special events. This is an extension of the services already offered at our school-based health centers at several schools across the community.

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Breakout session

Groups use worksheet to compare their respective
current health equity measurement practice to the presented framework;
Formulate potential applications of the health equity measurement framework to
serve their population

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How does your program measure equity?

Are you measuring any subdomains under the presented framework? If so, how?

How might you apply this framework to your program?

What are 1-2 measures your program can adopt?

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Group discussion

Closing

- Q&A
- Thank you!
- Leo Lopez III, MD, MHS @LeoLopez3MD (X/IG)
  - Leo.Lopez@UHTX.com
- Valerie Maldonado, MSN, RN
  - Valerie.Maldonado@UHTX.com

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